

Name in Full

Certificate of Death

#13 No Name  
 near Florence, Howard County MARYLAND

Died at  
 Date 1903, Jan'y '6 Month Day Y. M. D. Native of Occupation  
 Age 2  
 Sex ~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower Number of children living

Husband of  
 Wife

Father's Name Gust B. Porras Mother's Maiden Name

Cause of Death Primary Immediate How long sick 151 Accident, Suicide, Homicide

Reported by R. O. D. Macfarlane, M. D.  
 Address Lisbon, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78648



Name in Full

Certificate of Death.

Frederick Brasenne  
 Town County

Died at Drushoregan

Howard

MARYLAND

Date 1903 Jan 30 | Age 90 - 20 | Native of Germany | Occupation Former  
 Male White Married Widowed Divorced  
 Female Colored Single Widower Number of children living 8

Husband of

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Hemiplegia

Left

How long sick

38 days

Death

Immediate

Suffocation (from inability to  
 clear secretions from throat)

~~Accident, Suicide, Homicide~~

Reported by

Dr. Benj. F. Shipley

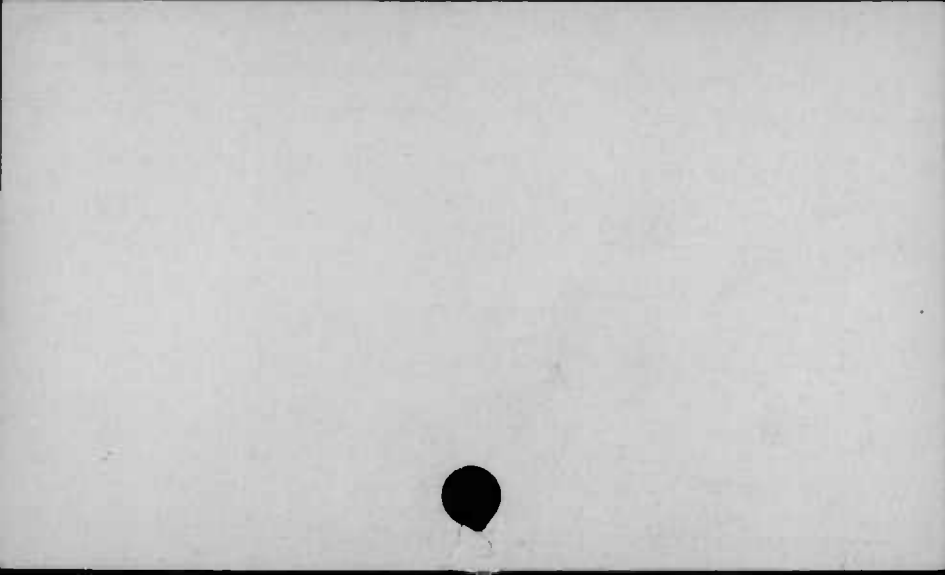
Address

Alpha

Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Name in Full

Certificate of Death

Nathan Cavy

Town

County

Died at

MARYLAND

Date 19

03

Month

Day

Jan 1

Age

77

Y.

M.

D.

Native of

Ind

Occupation

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

12

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Tuberculosis

Death

Immediate

Hemorrhage

How long sick

11 months

Accident, Suicide, Homicide

Reported by

Thomas B. Ormigo M D  
Ellicott City

Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 20008



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

of death 1903

Month

Jan.

Day

22

Age

Years

Months

Days

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

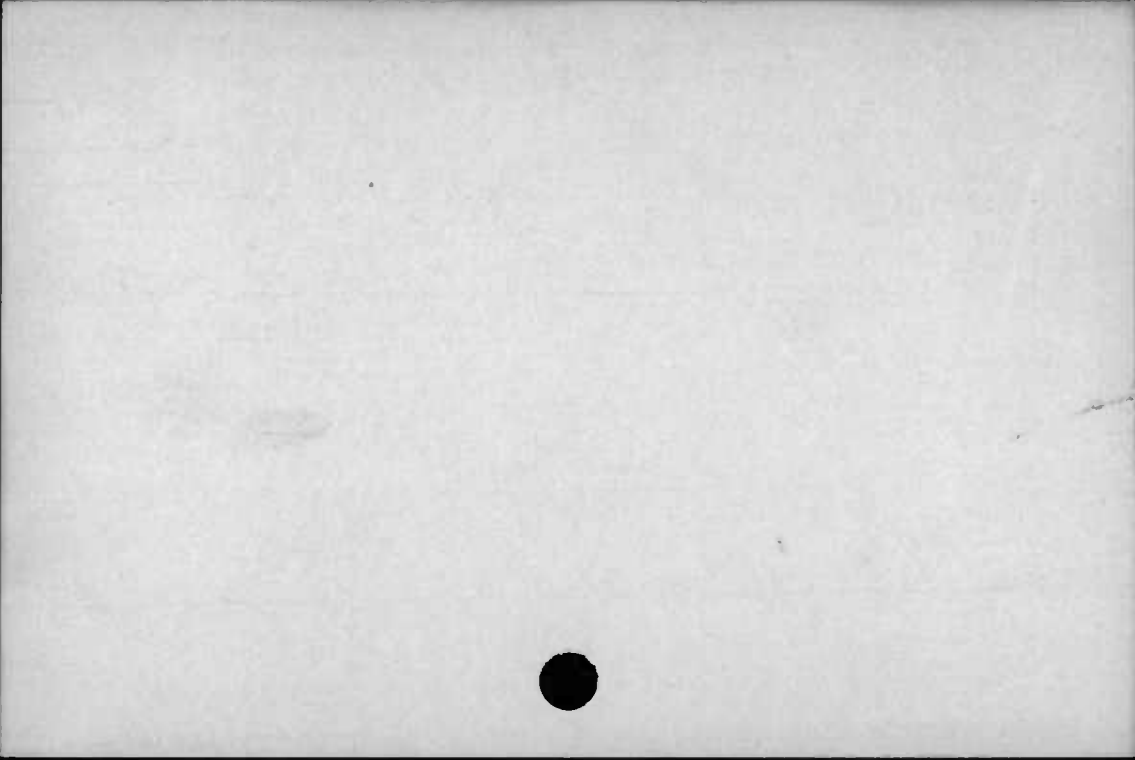
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cooksville</i> <sup>Town</sup>		<i>Low</i> <sup>County</sup>		MARYLAND	
Date of death <i>1903</i>	Month <i>1</i>	Day <i>6</i>	Age <i>22</i>	Months <i>4</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Robt. W. Courney</i>			Father's Birthplace		
Mother's Maiden Name <i>Chas. Robinson</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Phthisis, Heart Disease</i>	How long
Immediate <i>Febrile complication of phthisis</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Tracy</i>
	Address <i>Lisbon, Ind.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Mrs. Ella Dorsey

Town

County

Died at Simpsonville Howard

MARYLAND

Date 1913 1 2 Age 54 Native of Md Occupation Housewife

Male- White Married Widow Divorced

Female Colored Single Widower Number of children living 4

Husband of Upton W. Dorsey

Wife

Father's Name Jas. Walters Mother's Maiden Name

Cause of Death { Primary Pneumonia

Immediate Heart Failure

93

How long sick 7 days

Accident, Suicide, Homicide

Reported by W. W. L. Cissel

Address Highland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899



Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

1903

Jan

15

Age

80

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Jacob Dymon

John Minnis

Ellen Bull

Senility

Arteriosclerosis

15

How long sick

One year

Accident, Suicide, Homicide

Mrs W B Kozus and

Elm City

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Eckman  
 Town County  
 Died at Elliott City, Howard MARYLAND  
 Date 1913 Jan 25 Y. M. D. Native of Sweden Occupation Laborer  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 2

Husband of  
 Wife unknown

Father's Name unknown Mother's Name unknown  
 Maiden Name unknown

Cause of Death { Primary Paralysis Lat  
 Immediate Cerebral Hemorrhage  
 How long sick about 6 weeks  
 Accident, Suicide, Homicide

Reported by William E. Hodges M.D.

Address Elliott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Clarisa V Fisher

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Collicott City		County Hannan		MARYLAND	
Date of death 1903	Month 1	Day 27	Age	Years 57	Months -	Days -	
Sex Female	Color or Race White		Birth- place Baltimore Md				
Married, Single or Widowed Married		Occupation Housewife					
Name of Wife or Husband John C. Fisher							
Father's Name -				Father's Birthplace -			
Mother's Maiden Name -				Mother's Birthplace -			
Name of person giving Information Son				79		How related to deceased	

## CAUSES OF DEATH

Primary	Heart Insufficiency	How long	about 1 1/2 mo
Immediate	Heart failure	How long	-
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		D. M. Stultz M.D.	
Address		Estonsville Md	
Accident or Suicide?			

PHYSICIAN  
OR CORONER  
1



Name in Full

Certificate of Death

Eva E. France

Town

County

Died at

MARYLAND

Date 19

13

Month

1

Day

30

Age

X

M.

D.

8

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mr France

Mother's

Maiden Name

Belle McKenize

Cause of

Primary

Purpura

How long sick

4 days

Death

Immediate

Convulsions

91

Accident, Suicide, Homicide

Reported by

Thos B. Mingo

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

- St-Johns -

Miss Leatona A. Gauthier

Town

County

Died at

Dayton

Howard

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

1

23

Age

74 Y.

Frederick

None

Male

White

White

Married

Widow

Divorced

Female

Famel

Colored

Single

Single

Widower

Number of children living

Husband

of

Wife

Single

Father's

Name

Guthrie Gauthier

Mother's

Catherine Gauthier

Maiden Name

Catherine Kloss

Cause of

Primary

Cancer of Breast

How long sick

3 months at home

Death

Immediate

Heart Disease by Dropsy

Accident, Suicide, Homicide

Reported by

Dr. James A. Lechler

Address

137 N Charles St

Baltimore Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Coleman Daniel Haines

Town

County

Died at

Alberton

Howard

MARYLAND

Date <sup>1903</sup> <sup>Month</sup> Jan <sup>Day</sup> 31 Age <sup>Y.</sup> 48 <sup>M.</sup> 3 <sup>D.</sup> 13 Native of <sup>Occupation</sup> Frederick Co. Md. Cotton Mill Oper

Male ☒ White ☒ Married ☒ Widower ☒ Number of children living 6

Female ☐ Colored ☐ Single ☐ Widower ☐

Husband  
of  
WifeFather's  
Name

Alexander Haines

Mother's  
Name

Catherine Sanders

Cause of

Primary

Chronic Nephritis

How long sick

Death

Immediate

Pulmonary Edema

Accident, Suicide, Homicide

Reported by

Dr. W. B. Gambrell

Address

Alberton

Howard Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

MASSACHUSETTS

IN SENATE

January 1, 1901

REPORT

OF THE

COMMISSIONERS

OF THE

REVENUE

AND

FINANCE

FOR THE YEAR 1900



Name in Full

Certificate of Death

Howard William Higgo

Died at <sup>Town</sup> Lones town <sup>County</sup> Howard

MARYLAND

Date 1903 <sup>Month</sup> Jan <sup>Day</sup> 31 <sup>Y.</sup> — <sup>M.</sup> 11 <sup>D.</sup> 3 <sup>Native of</sup> Md <sup>Occupation</sup> —

<sup>Male</sup> Male <sup>White</sup> White <sup>Married</sup> Married <sup>Widow</sup> Widow <sup>Divorced</sup> Divorced

<sup>Female</sup> Female <sup>Colored</sup> Colored <sup>Single</sup> Single <sup>Widower</sup> Widower <sup>Number of children living</sup> —

Husband  
of

Father's Wm J. Higgo <sup>Mother's</sup> Sarah Higgo

Name Wm J. Higgo Name Sarah Higgo

Cause of <sup>Primary</sup> Capillary Bronchitis <sup>How long sick</sup> 9 days

Death <sup>Immediate</sup> Exhaustion <sup>Accident, Suicide, Homicide</sup> —

Reported by J. Garvey Wallenmeyer, M.D.Address Albion, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1903



Name in Full

Certificate of Death

Sarah Thomas Lylehart

Town

County

Died at

Gund

Howard

MARYLAND

Date

1803 Jan. 30

Month

Day

Y.

M.

D.

Native of

Occupation

1803

Jan. 30

Age 60

Md Housewife

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband

of

Wife

Father's

Name

Cause of

Primary

Pulmonary Tuberculosis 20 years

How long sick

Death

Immediate

Acthonia

~~Accident~~ ~~Suicide~~ ~~How made~~

Reported by

S. A. Nichols M.D.

Day in Howard Co. Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full *Louisa Johnson*

Town *Dayton* County *Howard* MARYLAND

Died at *Dayton* Month *Jan* Day *13* Y. *4* M. *0* D. *0* Native of *Md* Occupation *Housewife*

Date 19*03* Age *35*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living *4*

Husband of *Henry Johnson*

Wife *Henry Johnson*

Father's Name *Randolph Day* Mother's Maiden Name *Louisa Day*

Cause of Death { Primary *Pulmonary Tuberculosis* Immediate *Asthma* How long sick *3 Years* Accident, Suicide, Homicide ☐

Reported by *A. Nichols M.D.*

Address *Dayton Howard Co Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

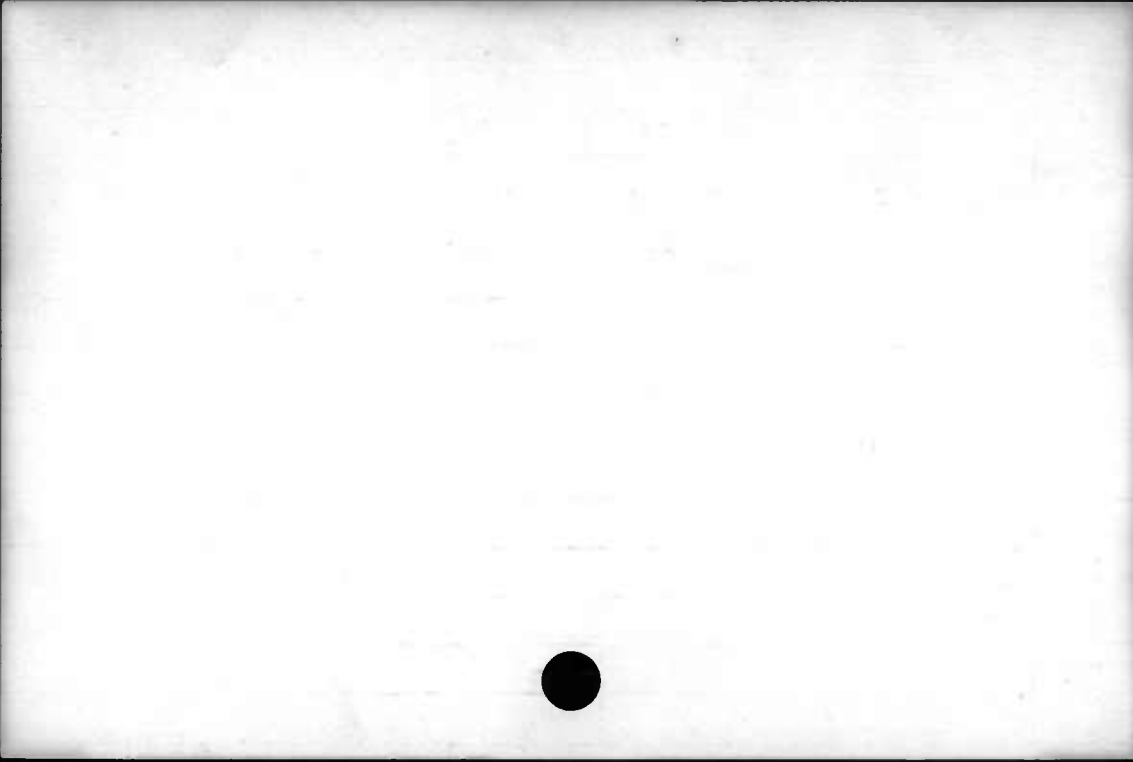
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Margaret Ann Krauff		Town		Howard		County		MARYLAND			
Died at		Pine Orchard		Month		Day		Years		Months		Days	
Date of death		1903		Jan		13		Age		64			
Sex		female		Color or Race		white		Birth-place		Baltimore			
Married, Single or Widowed				Occupation		house keeper							
Name of Wife or Husband		George O. Krauff											
Father's Name		Williams Miles		Father's Birthplace		Baltimore							
Mother's Maiden Name		Mary Ann Miles		Mother's Birthplace		Baltimore							
Name of person giving information				How related to deceased									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Cholera		How long			
Immediate		Peritonitis		113		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		John Hebberson	
				Address		West friendship	
						Howard	
Accident or Suicide?							





Name in Full

Certificate of Death

#12 Norman B. Kuhner

Town

County

Died at

Howard Co.

MARYLAND

Date 1908 Jan. 4<sup>th</sup> 11:00 AM Age 5 Native of Maryland Occupation Infant

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Casper L. Kuhner Mother's Name Savilla, E. Kuhner

Maiden Name

Cause of Death Primary Acute Indigestion Immediate Cerebro Spinal Meningitis

How long sick 3 days

Accident, Suicide, Homicide

Report by

Address

L. E. Brownell

1 Mt. Airy, Md. to b/w

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Annie W. Lett

Town

County

Died in

Howard

MARYLAND

Date 1903 Jan 1 189 67 md Housewife

Male White Married Widow Divorced 8

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

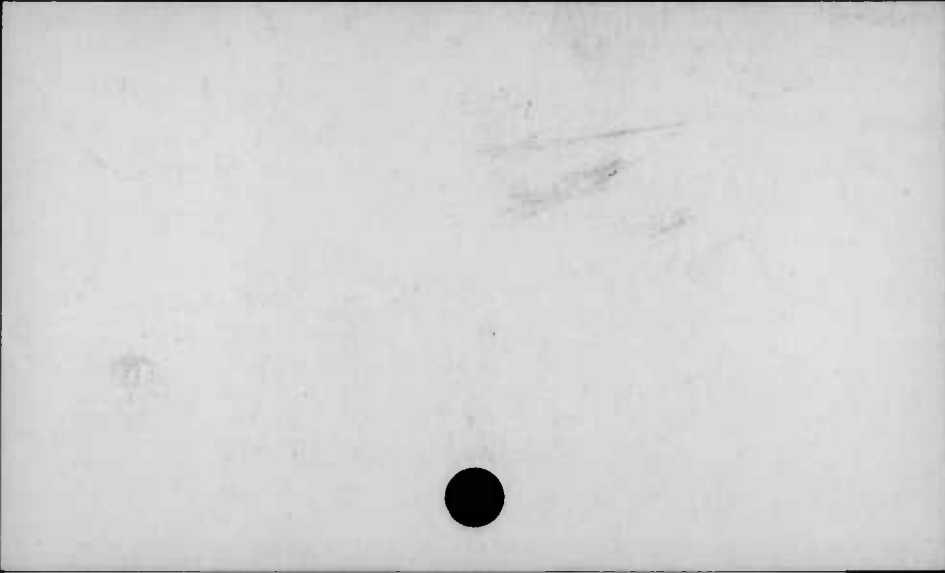
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name  
in  
Full

## CERTIFICATE OF DEATH

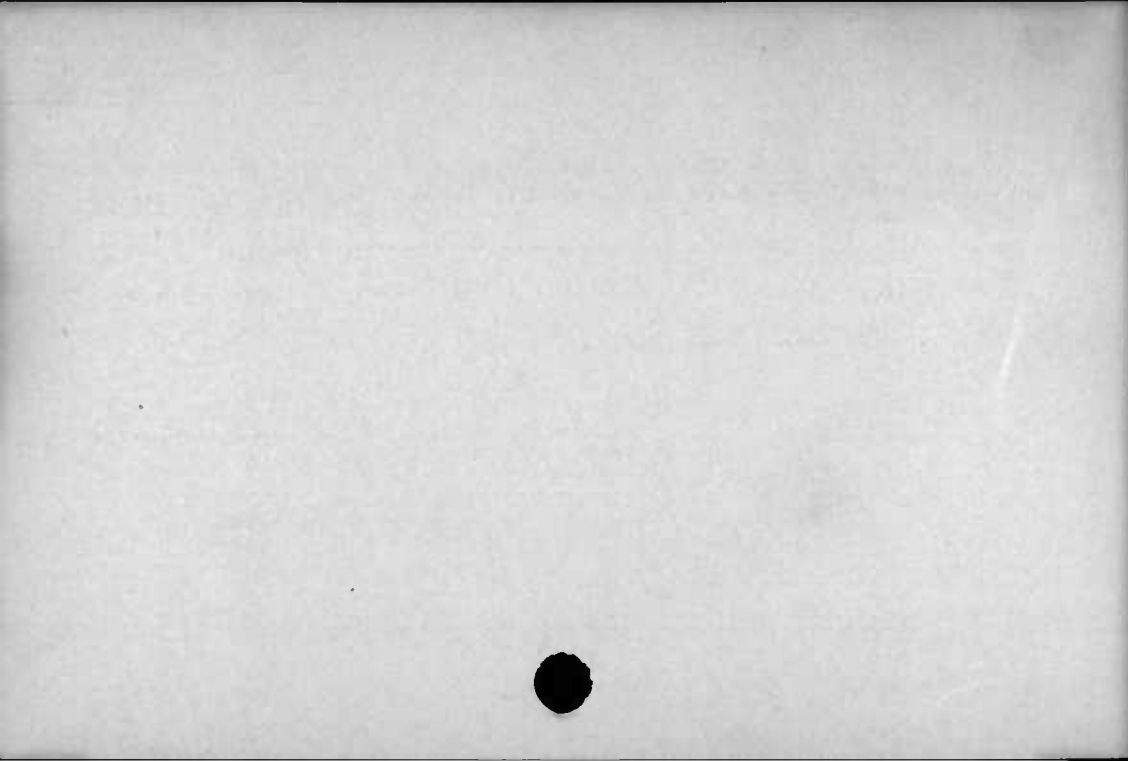
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Poplar Springs</i> <sup>Town</sup>		<i>Blair</i> <sup>County</sup>		MARYLAND	
Date of death <i>1903</i>	<i>1</i> <sup>Month</sup>	<i>15</i> <sup>Day</sup>	Age <i>14</i> <sup>Years</sup>	<i></i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name or Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Peritonitis</i>	How long <i>13 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Tracy, M.D.</i>
	Address <i>Leshon, Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Thomas. ~~Charles~~ MaxwellDied at Clarkson Town Howard County MARYLAND

Date 1915 Jan. 29 Age 55-6- Native of Maryland Occupation Farmer -  
 Male White Married ~~Widow~~ Divorced  
 Female Colored Single Widower Number of children living 7-

Husband of Annie Barlow -  
Wife

Father's Name John Maxwell Mother's Name Elizabeth Bell -  
 Maiden Name

Cause of Death { Primary Cardiac Hypertrophy How long sick 2 weeks -  
 Immediate Heart Failure Accident, Suicide, Homicide

Reported by J. W. H. & Son 79  
 Address West Friendship, Howard Co -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

*Harriet A. Murley*  
 Town *Simpsonville* County *Howard*  
 Died at *Simpsonville, Howard* MARYLAND  
 Date 19*03* Month *1* Day *28* Y. *67* M. *7* D. *2nd* Native of *2nd* Occupation *Housewife*  
 Male *White* Married *Widow* Divorced *Female* Colored *Single* Widower *Number of children living 5*

Husband of *J. J. Murley* 79  
 Wife *J. J. Murley*  
 Father's Name *Henry Amis* Mother's Maiden Name

Cause of Death Primary *Mitral Insufficiency & Coronary Arteriosclerosis* How long sick *2 mths.*  
 Immediate *Heart Failure* Accident, Suicide, Homicide

Reported by *M. H. C. 20*  
 Address *Highland Md*

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.



Samuel E. Morris

Town

alpha

County

Howard

MARYLAND

Died at

Date 1903

Month

Jan

Day

3

Y.

M.

D.

Age

48

Native of

Md

Occupation

Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

4

Husband

of

Mollie Hall

Wife

Father's

Name

Evan Morris

Mother's

Maiden Name

Mahaley Huser

Cause of

Primary

Intoxication

56

How long sick

Death

Immediate

Exposure to all night's rain

~~Accident, Suicide, Homicide~~

Reported by

Benj. F. Shipley

Address

alpha

Md

Must be signed by physician, if any in attendance, otherwise

coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

03 Jan 9

Age

42

Md

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

0170113



2

Name  
in  
Full

Arthur G. Seutz

## CERTIFICATE OF DEATH

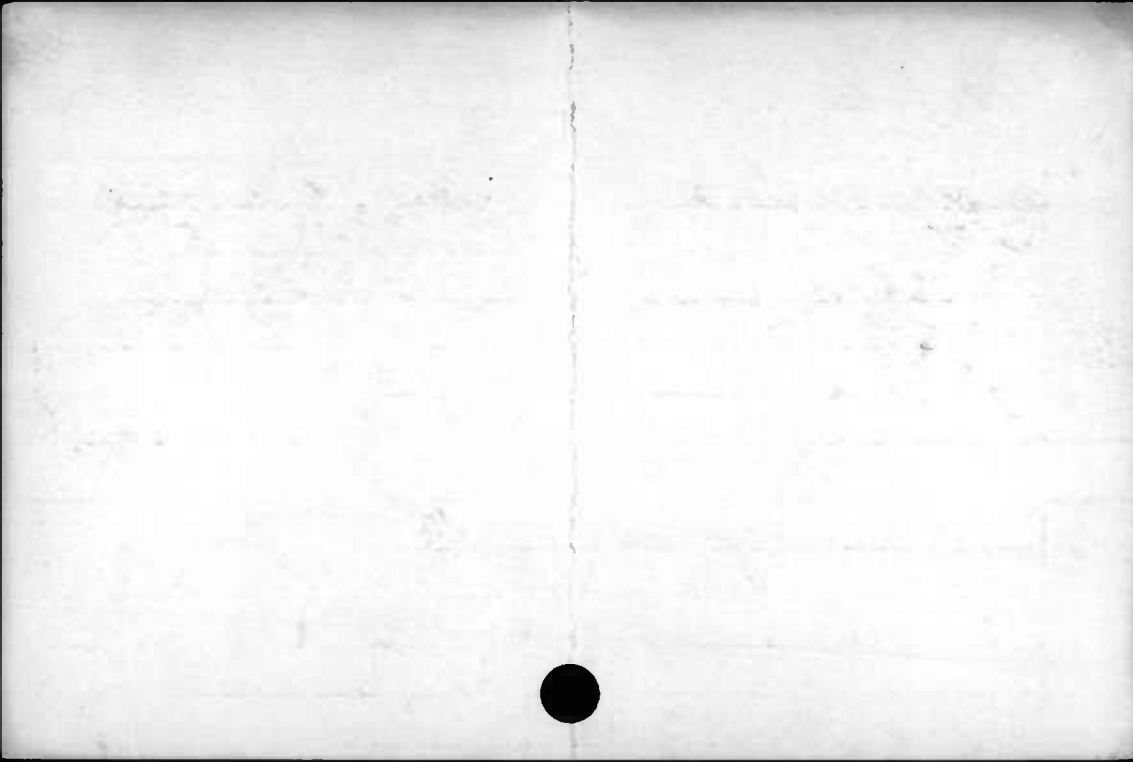
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Jessup		County Howard		MARYLAND	
Date of death 1903		Month 1	Day 25	Years 21	Months —	Days —	
Sex Male		Color or Race White		Birth- place MD			
Married, Single or Widowed Single		Occupation Laborer					
Name of Wife or Husband							
Father's Name John M. Seutz				Father's Birthplace MD			
Mother's Maiden Name Sarah Lockier				Mother's Birthplace MD			
Name of person giving Information Jos. E. Hoffnagle				How related to deceased Brother-in-law			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pneumonia	93	How long 12 days
Immediate Syncope		How long —
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician R. A. Hammond
		Address Jessup - MD
Accident or Suicide?		





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John M. Sautz*

Died at *Ellicott City* Town *Howard Co* County

MARYLAND

Date of death 1903 Month *1* Day *1* Age *62* Years Months *7* Days *16*

Sex *male* Color or Race *White* Birthplace

Married, *Yes* Occupation *laborer*

Name of Wife *Sarah Sautz*

Father's Name *Solomon Sautz* Father's Birthplace

Mother's Name *Mary Sautz* Mother's Birthplace

Name of person giving information *Sarah Sautz* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

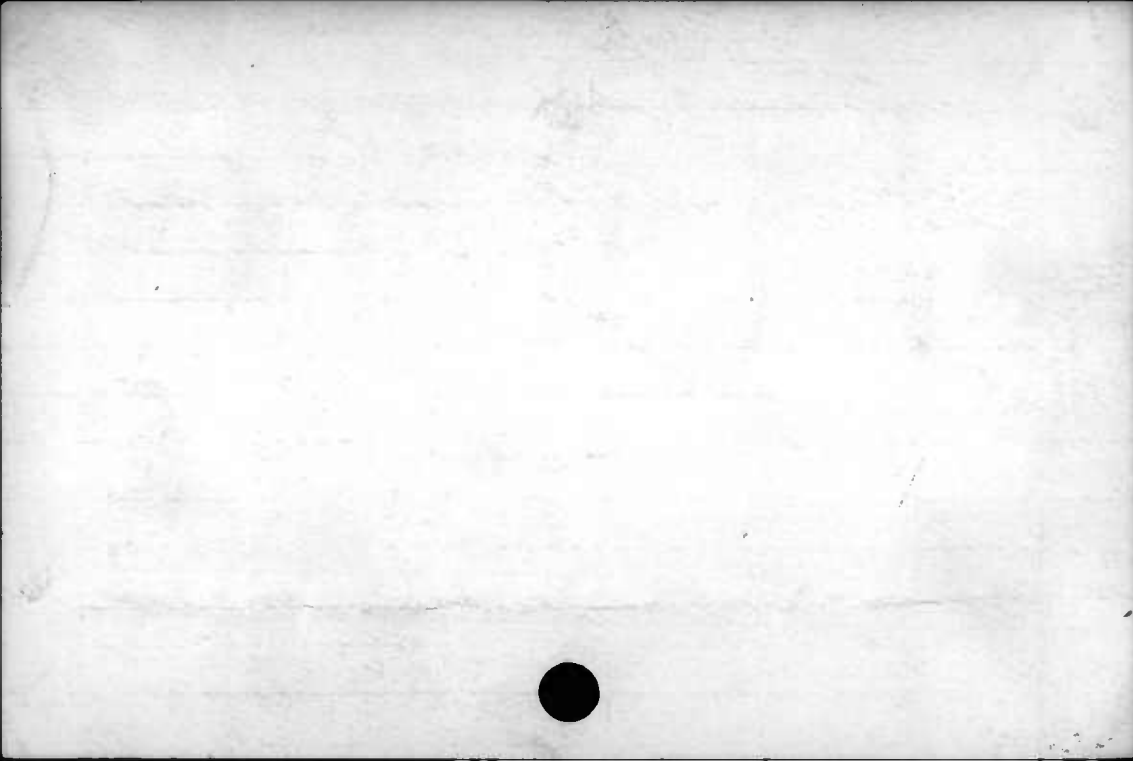
Primary *Pneumonia* *9/3* How long *nine days*

Immediate *Syncopal* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. Hammond*

Address *1250 P. Ind*

Accident or Suicide? *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Elkridge</i>		County <i>Hosford</i>		MARYLAND	
Date of death 1903	Month <i>1</i>	Day <i>10</i>	Age <i>X</i>	Years <i>X</i>	Months <i>9</i>	Days <i>13</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Elkridge</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Milton Taylor</i>				Father's Birthplace <i>Ma</i>			
Mother's Maiden Name <i>Hannie Robinson</i>				Mother's Birthplace <i>Va</i>			
Name of person giving In formation <i>X</i>				How related to deceased <i>X</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	<i>93</i>	How long <i>18 days</i>
Immediate	<i>1</i>		How long <i>X</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. G. Young</i>	Address <i>Elkridge</i> <i>Ma</i>
Accident or Suicide?			

J. H. Rison

Name  
in  
Full

Theresa Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellicott City</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death 1903	<i>Jan</i> <small>Month</small>	<i>30</i> <small>Day</small>	Age	<i>6</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>female</i>	Color or Race <i>colored</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>John Webb</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Hancy Williams</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Mother</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Trilton Easton</i>
	Address <i>Ellicott City</i>
Accident or Suicide?	

